STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155436	A. BUILDING 00 B. WING	06/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HICKORY CREEK AT WINAMAC	515 E 13TH ST WINAMAC, IN46996

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	This visit was for a Recertification and State Licensure Survey. Survey dates: June 27, 28, and 29, 2011 Facility Number: 000414 Provider number: 155436 AIM number: 100288550 Survey team: Regina Sanders, RN Census bed type: SNF/NF: 28 Total: 28 Census Payor type: Medicare: 01 Medicaid: 22 Other: 05 Total: 28 Sample: 10 Supplemental sample: 3 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed 7/1/11 Cathy Emswiller RN	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0281 SS=D	The services provided or arranged by the facility must meet professional standards of quality. Based on observation, interview and record review, the facility failed to meet professional standards of quality, related to a nurse not rechecking a blood sugar on a resident with a low blood sugar, who had also received a morning dose of insulin for 1 of 4 residents with diabetes mellitus, in a sample of 10. (Resident #17) Findings include: Resident #17's record was reviewed on 06/28/11 at 9:50 a.m. The resident's diagnosis included, but was not limited to, diabetes mellitus. The Physician's Recapitulation Orders dated 06/11, indicated an order, originally dated 10/07/10, to check the resident's blood sugar twice a day and an order, originally dated 04/08/11, to administer Lantus insulin 45 units every morning and at bedtime.	F0281	This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Hickory Creek at Winamac desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on July 25, 2011 F281 It is the policy of this facility to provide services to all residents in accordance with the residents' written plans of care while meeting professional standards of quality. What corrective action will be done by the facility On July 19, 2011, the Director of Nursing or Designee will present an	07/25/2011

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	The Medication Administration Record (MAR), dated 06/11, indicated resident's blood sugar was 37 at 6 a.m. on 06/04/11. A Nurses' Note, dated 06/04/11 at 6:50 a.m. indicated the resident's blood sugar was 37 when taken at 6 a.m. and orange juice, milk, peanut butter, and jelly was given. The note indicated the recheck of the blood sugar was 47 and the resident's physician was notified and an order was received. A physician's telephone order, dated 06/04/11, indicated an order to hold the morning dose of Lantus and to give 22 units of Lantus instead of the 45 units. The resident's MAR, dated 06/11, indicated the Lantus 22 units was given at 6 a.m. A Nurses' Note, dated 06/04/11 at 7:05 a.m., indicated, "0/ (no) s/sx (signs and symptoms) of diabetic distress..." This was the last documentation in the resident's Nurses' Notes until 4 p.m. on 06/04/11. A Nurses' Note, dated 06/04/11 at 4 p.m., indicated the resident's blood sugar was 80. There was a lack of documentation in the		inservice to all licensed nurses on the proper assessment, documentation and treatment of the diabetic resident experiencing hyperglycemia or hypoglycemia reaction including observations of the resident signs and symptoms, specific interventions and treatment of the hyperglycemia/hypoglycemia and status of the resident following the interventions will also be reviewed. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken? Resident # 17 has had no further episodes of hypoglycemia and no other residents have been negatively affected. The DON has reviewed the orders of all residents with the diagnosis of Insulin Dependent Diabetes Mellitus to ensure orders for contacting the physician for blood glucose levels outside the ordered range have been received. What measures will be put into place to ensure that this practice does not recur? The Director of Nursing or Designee will audit glucometer flow sheets at least 5 days a week for 30 days, 3 days per week for 30 days and weekly for 30 days to ensure residents who have a hyperglycemic or hypoglycemic reaction are treated following the facility policy and the	

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	Nurses' Notes and the MAR to indicate the resident's blood sugar was rechecked after the results of 47 and the insulin was given. During an interview on 06/28/11 at 11:10 a.m., the Director of Nursing (DoN) indicated the resident's blood sugar had not been rechecked until 4 p.m. A Professional Resource Web Site, www.diabetes.org, reviewed on 06/28/11 at 8:05 p.m., indicated, "How do I treat hypoglycemia?...Once you've checked your blood glucose and treated your hypoglycemia, wait 15-20 minutes and check your blood again. If your blood glucose is still low...repeat the treatment..." 3.1-35(g)(1)		individual plan of care. Any nurse who fails to follow proper procedure will be retrained and disciplinary action will be completed as deemed necessary. Results of the above Director of Nursing audit will be reviewed by the Administrator. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place? Results of monitoring the blood glucose flow sheets will be forwarded to the QA&A committee for review for 90 days and until 100% compliance is obtained. Future audits of the blood glucose monitor will be audited as determined by the QA&A committee. Date of Compliance: July 25, 2011	
F0282 SS=D	The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on record review and interview, the facility failed to follow physician's orders and care plans related to medications for 2 of 10 residents reviewed for physician's orders and care plans in a sample of 10. (Residents #2 and #18) Findings include:	F0282	This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.	07/25/2011

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	1. Resident #2's record was reviewed on 06/27/11 at 3:30 p.m. The resident's diagnoses included, but were not limited to, Parkinson's Disease and failure to thrive. The Physician's Recapitulation Orders, dated 06/11, indicated an order, dated 03/20/11, for Milk of Magnesium (MOM) (laxative) 30 ml (milliliter) as needed if no bowel movement for three days and Dulcolax (laxative) suppository as needed if no bowel movement in four days, originally ordered on 04/25/11. A care plan, dated 06/08/11, indicated the resident was at risk for constipation. The interventions included to administer medications and to follow the bowel movement protocol per the physician's order. A, "BM (bowel movement) Tracking Log", dated 06/11, indicated the resident had not had a bowel movement on June 7, 8, 9, 10, 11, and 12, 2011. The resident's Medication Administration Record (MAR), dated 06/11, indicated the resident had not been administered the MOM as ordered after three days without a bowel movement . The MAR indicated the resident did not receive the Dulcolax		Hickory Creek at Winamac desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on July 25, 2011 F282 It is the policy of this facility to monitor and record all bowel movements and to provide appropriate interventions for dysfunctional bowel status and provide professional care and treatment to all residents following facility policy, physician orders and individual plans of care. What corrective action will be done by the facility? On July 19, 2011, the Director of Nursing will present inservices to licensed nursing staff covering the Bowel Function Policy/Procedure. Including the importance of initiating interventions as ordered. In addition proper assessment, documentation and treatment of the resident experiencing hyperglycemia or hypoglycemia reaction including observations of the resident signs and symptoms, specific interventions and treatment of the hyperglycemia/hypoglycemia and status of the resident following the interventions will also be reviewed during the inservice. How will the facility identify other residents having the potential to be	

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	suppository as ordered after four days without a bowel movement. During an interview on 06/27/11 at 3:50 p.m., the Director of Nursing (DoN) indicated a bowel movement check list is completed every night to alert the nurse if a resident needs a laxative. She indicated the resident had not been put on the check list until 06/13/11. She indicated after the resident received the MOM on 06/13/11 the resident had a bowel movement. 2. Resident #18's record was reviewed on 06/29/11 at 10:25 a.m. The resident's diagnosis included, but was not limited to, diabetes mellitus. The Physician's Recapitulation Orders, dated 06/11, indicated an order to check the residents blood sugar four times a day and to give insulin by sliding scale (insulin given by blood sugar result) at the 11 a.m. and 4 p.m. blood sugar. The sliding scale order indicated for a blood sugar of 251-300 to administer four units of Apidra insulin. A care plan, dated 11/04/10 and reviewed by the facility on 04/26/11, indicated the resident's blood sugars vary and are out of control. The interventions included to administer medications as the physician had ordered.		affected by the same practice and what corrective action will be taken? Resident #2 has received medications as ordered for the treatment of constipation following individual care plans and facility policy and procedure Resident # 18 glucose levels have been within acceptable range and therefore the resident has not required the use of sliding insulin scale as ordered for high blood glucose levels. No other residents have been negatively affected. What measures will be put into place to ensure that this practice does not recur? The Director of Nursing or Designee will audit the BM Tracking Log at least 5 days per week for 30 days, 3 days a week for 30 days and then weekly for 30 days to ensure resident bowel movements are being recorded, tracked and interventions completed following facility policy and physician orders. The Director of Nursing or Designee will audit glucometer flow sheets at least 5 days a week for 30 days, 3 days per week for 30 days and weekly for 30 days to ensure residents who have a hyperglycemic or hypoglycemic reaction are treated following the facility policy and the individual plan of care. Any nurse who fails to follow proper procedure	

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	The resident's MAR, dated 06/11, indicated the resident's blood sugar on 06/27/11 at 4 p.m. was 267. The MAR indicated the resident had not received the four units of insulin as ordered by a zero with a line through it on the amount of insulin given line. During an interview on 06/29/11 at 10:15 a.m., LPN #1 indicated the insulin had not been given to the resident as ordered by the physician. 3.1-35(g)(2)		will be retrained and disciplinary action will be completed as deemed necessary. Results of the above Director of Nursing audit will be reviewed by the Administrator. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place? Results of the Director of Nursing audits will be forwarded to the QA&A committee for 90 days and until 100% compliance is obtained. Further monitoring will be completed as deemed necessary by the QA&A committee. Date of Compliance: July 25, 2011	

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F0441 SS=E	The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.			
	Based on observation and interview, the facility failed to ensure infection control measures were followed to prevent the spread of infection related to handwashing, which had the potential to	F0441	This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists	07/25/2011

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	affect 14 of 28 residents assigned to CNA #2. (Resident #16, CNA #2, and CNA #3) Findings include: During an observation of a bed bath, which was being completed by CNA #2 and CNA #3 on Resident #16, the following was observed: CNA #2 was assisting the resident to stay on her side while CNA #3 washed the resident's back, buttock and back of the resident's legs. CNA #2 and #3 had gloves on. After CNA #3 completed the care, CNA #2 then assisted the resident onto the resident's back. CNA #2 then removed her gloves and applied clean pillow cases to the pillows on the resident's bed. CNA #2 then lifted the resident's right leg and place the leg on a pillow. CNA #3 asked CNA #2 to go and get another towel and pillow case for the resident. CNA #2 then walked out of the room, without washing her hands and brought a clean pillow case and towel into the resident's room. CNA #2 then removed the garbage from the resident's trash can and left the room with the garbage, without washing her hands. CNA #2 took the garbage to the soiled utility room. During an interview on 06/29/11 at 10		or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Hickory Creek at Winamac desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on July 25, 2011 F441 It is the policy of this facility to maintain an infection control program to provide safe, sanitary and comfortalbe environment and to help prevent the development and transmission of disease and infection.What corrective action will be done by the facility Resident #16 was not negatively affected by the staff failure to follow established infection control prevention practices.On July 19, 2011, the Director of Nursing or Designee will present an inservice for all employees to review facility infection control policies including the handwashing policy. All nursing staff will then be observed and checked-off as the proper wandwashing procedure is performed.How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken? All residents have the potentail to be affected, no other residents were affected.What measures will be put into place to ensure that this practice does not recur? The Director of Nursing or Designee	

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	a.m., CNA #2 indicated she had not washed her hands prior to leaving the resident's room. She indicated she should have washed her hands before leaving the room. She indicated she was assigned to 14 residents. A facility policy, dated 07/10, titled, "Handwashing/Alcohol-Based Hand Rub", received from the Director of Nursing as current, indicated, "...personnel should always wash their hands (even when gloves are worn):...Before and after each resident contact; After touching a resident or handling his/her belongings..." 3.1-18(l) 3.1-19(g)(1)		will complete random observations of resident direct at least five days per week for 30 days, three days a week then weekly for 30 days. An employee who fails to follow policy will be retrained and receive progressive disciplinary action as deemed necessary. Results of the observation will be forwarded to the Administrator for further review. How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place? Results of the Director of Nursing observations will be forwarded to the QA&A Committee for 90 days and until 100% compliance. Further monitoring will be completed as recommended by the QA&A committee.Date of Compliance: July 25, 2011	